



# Montville Health Department Temporary Vendor Application

Please submit this application to the Health Department at least **two weeks prior** to your first event of the calendar year to obtain your Temporary/Special Event Retail Food Establishment license.

Please complete the following information:		
Retail Food Establishment Name		
Establishment Address		
City	State	Zip Code
Contact Name	Contact #	
E-mail		
Legal Owner's Name and State Sales Tax #		

**All vendors must have their original Temporary Retail Food Establishment license on premise at all times!**

Please list all events that you plan on attending:

Event name: \_\_\_\_\_ Date/Time: \_\_\_\_\_ Location: \_\_\_\_\_

Event name: \_\_\_\_\_ Date/Time: \_\_\_\_\_ Location: \_\_\_\_\_

### Commissary

All temporary and special event vendors are required to have a commissary where all food prep, including washing and cutting of produce, shall be done.

**Please complete the Commissary Agreement on page 3**

Provide copy of **current Satisfactory Placard and license** for temporary unit to use that commissary.

If your operation does not require a commissary, please provide the reasoning below:

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Certified Food Managers Name:

Food Manager Certificate #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

List all menu items that you would like to serve at the event. Note if they are prepared or cooked on site or in advance.

## Handwashing Station

A handwashing station capable of providing a continuous flow of warm, running water is required within each booth or unit, unless only prepackaged foods are being sold. Please select one of the following:

- I will be serving only pre-packaged foods that don't require preparation or cooking
- I will have a hand sink with hot and cold water under pressure supplied with soap and paper towels
- I am a tent & table vendor serving open food and/or drinks and will provide the following:

### Handwashing Set-Up



1. A container with a hands-free spigot that is capable of holding a minimum of 5 gallons of water
2. 5 gallons of potable water (minimum) that will be replenished, as necessary
3. Pump Soap
4. Paper towels
5. A container to catch the waste water until it can be disposed of properly
6. A trash can for disposing of paper towels

**Gloves and hand sanitizers DO NOT take the place of washing hands with soap and running water!**

## Food Handling and Temperature Control

How will bare hand contact with ready-to-eat foods be prevented?

- Tongs       Food-grade disposable gloves       Deli tissue       Other:

How will foods be held cold? \_\_\_\_\_ How will foods be held hot? \_\_\_\_\_

## Water and Ice

If you have ice for human consumption, where will ice be obtained?  Commissary  Event  Other: \_\_\_\_\_

Where will you obtain potable water?  Commissary  Event  Other: \_\_\_\_\_

Will you be using a hose to obtain water?  Yes  No

If yes, is the hose food-grade quality? \_\_\_\_\_ Do you have a backflow preventer for the hose? \_\_\_\_\_

Where will wastewater be disposed?  Commissary  Event  Other: \_\_\_\_\_

## Sanitizing

Where will utensil washing take place?  Commissary  3-compartment sink in unit/booth

What sanitizer will be used?  Chlorine  Quaternary ammonia

## Temperatures Maintained

How will food temperatures be maintained during transportation?

- Insulated cooler, bag, plastic container       Mechanical Refrigerators/Freezer       Other: \_\_\_\_\_

**Please include with your application a drawing of the booth layout that includes all cooking and cold/hot holding equipment, hand washing as well as a menu. Incomplete applications will delay the approval process.**

### Submit Application to:

Montville Health Department  
195 Changebridge Road, Montville, NJ 07045  
Or email [smuller@montvillenj.org](mailto:smuller@montvillenj.org)

# Commissary Agreement

Date \_\_\_\_\_

I, \_\_\_\_\_ of \_\_\_\_\_  
(Commissary owner/operator) (Commissary Establishment Name)

Located at \_\_\_\_\_  
\_\_\_\_\_  
(Address of commissary, City, State, Zip)

Give my permission to \_\_\_\_\_ of \_\_\_\_\_  
(Temporary unit owner/operator) (Name of temporary unit)

To use my kitchen facilities to perform the following tasks on their operation days:

- Preparation of food, such as washing produce, peeling or cutting foods, cooking, cooling, reheating
- Warewashing
- Filling water tanks
- Dumping waste water
- Storage of foods, single-service items, and chemicals
- Servicing and cleaning of equipment and utensils
- Other (specify)

\_\_\_\_\_

A Commissary Use Log will be maintained and made available to the department upon request. Indicate how and where the Commissary Use Log will be maintained:

\_\_\_\_\_

Commissary Water Supply:  
 Public     Private    (PWSID#) \_\_\_\_\_

Commissary Sanitary Sewer Service:  
 Public     Private

Signature \_\_\_\_\_ Date \_\_\_\_\_  
(Commissary owner/operator)

Commissary Contact Phone Number: \_\_\_\_\_

Commissary Email Address: \_\_\_\_\_

**This Commissary Agreement is Only Valid for 2018**